Doc Code:

PTO/SB/21 (09-04)
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TRANSMITTAL FORM

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Total Number of Pages in This Submission

5

Application Number	09/546,966	
Filing Date	4/11/2000	
First Named Inventor	David T. Pollock	
Art Unit	3731	
Examiner Name	Vy Q. Bui	
Attorney Docket Number	ENDOS-51639 (GES-0012)	

				ENCLO	SURES (Check all	that apply)		
Fee Transmittal Form			Drawing(s)				After Allowance Communication to TC		
Fee Attached			Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply			Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final			Petition to Convert to a Provisional Application			Proprietary Information			
	Affid	avits/declaration(s)			of Attorney, Revocation of Correspondence Ad	dress		Status Letter	
Extension of Time Request			Terminal Disclaimer			\boxtimes	Other Enclosure(s) (please identify below):		
Express Abandonment Request			Request for Refund				Postcard		
	Information Disclosure Statement		CD, Number of CD(s)						
					Landscape Table on C	CD			
	Certified Copy of Priority Document(s)		Remarks						
Response to Missing Parts/ Incomplete Application		•	CUSTOMER NO. 24201						
Reply to Missing Parts under 37 CFR 1.52 or 1.53									
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm Name FULWIDER PATTON LEE & UTECHT, LLP									
Signature Jrz v. H									
Printed name John V. Hanley									
Date 10/21/2005						Reg. No.	38,171		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

date snown below.			
Signature	Jav.12		
Typed or printed name	John V. Hanley	Date	10/21/2005

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PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Doc Code: Under the Paperwork Reduction Act of 1995, new ersons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consultation Fees p				Complete ii raiowii				
				Application Number	09/546	09/546,966		
FEE TRANSMITTAL				Filing Date	4/11/2	4/11/2000		
for FY 2005				First Named Invento	or David	David T. Pollock		
	27	Examiner Name	Vy Q.	Bui				
Applicant claims small of	entity status.	See 37 CFR 1	.21	Art Unit	3731	3731		
TOTAL AMOUNT OF P	620.00	Attorney Docket No	. ENDO	ENDOS-51639				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Depo	osit Account	Number:	06-2425	Deposit Acc	ount Name:	Fulwide	er Patton et al.	
For the above-identified	deposit accou	nt, the Director is	s hereby aut	horized to: (check all th	at apply)			
Charge	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
		fee(s) or any und	derpayment	of Credit any	overpaymen	ts		
WARNING: Information on card information and author	nder 37 CFR 1 this form ma rization on PT		ic. Credit c	ard information shou	ıld not be in	cluded on this i	form. Provide credit	
FEE CALCULATION								
1. BASIC FILING, SEARC	CH, AND EXA	MINATION F	EES					
	FILING F		SEARC	CH FEES EXAMINATION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid(\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (includ	•			50 200	25			
Each independent claim over 3 (including Reissues)							100	

Multiple dependent clain	ns	,			360	180
					Multiple De	pendent Claims
Total Claims	Extra Claims	<u>Fee (\$)</u>		Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
20 or HF	P =	\$50.00	=	\$0.00		
HP = highest number of to	tal claims paid for, if gi	eater than 20.				
Indep. Claims	Extra Claims	Fee (\$)		Fee Paid (\$)		
3 or HP	, = ;	\$200.00	=	\$0.00		
HP = highest number of in-	dependent claims paid	for, if greater than 3	3.			
3. APPLICATION SIZE	FEE					

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = /50 (round up to a whole number) x \$250.00 \$0.00 4. OTHER FEE(S) Fee Paid (\$)

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

\$620.00

Non-English specification, \$130 fee (no small entity discount)

Extra Sheets

Other (e.g., late filing surcharge): Notice of Appeal; Petition for a One Month Extension of Time

SUBMITTED BY Registration No. Signature 38,171 Telephone 310-824-5555 (Attorney/Agent) John V. Hanley 10/21/2005 Name (Print/Type) Date

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